

POC #2

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 03/24/2014  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>445304 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |  | (X3) DATE SURVEY<br>COMPLETED<br><br>03/19/2014 |
| NAME OF PROVIDER OR SUPPLIER<br><br>WYNDRIDGE HEALTH AND REHAB CTR |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>466 WAYNE AVENUE<br>CROSSVILLE, TN 38555  |  |   |
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| F 000  | INITIAL COMMENTS<br><br>During the annual recertification survey conducted at Wyndridge Health and Rehabilitation on March 17-19, 2014, complaints #33311 and #33331 were investigated. No deficiencies were cited under 42 CFR PART 483.13, Requirements for Long Term Care, in relation to the complaints.  | F 000   |  |  |   |
| F 278  | 483.20(g) - (j) ASSESSMENT<br>SS=D. ACCURACY/COORDINATION/CERTIFIED<br><br>The assessment must accurately reflect the resident's status.<br><br>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.<br><br>A registered nurse must sign and certify that the assessment is completed.<br><br>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.<br><br>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.<br><br>Clinical disagreement does not constitute a material and false statement. | F 278   |  |  |   |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 278  | Continued From page 1<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on medical record review and interview, the facility failed to complete and accurate Minimum Data Set assessment for one (#3) resident of forty-three residents reviewed.<br><br>The findings included:<br><br>Resident #3 was re-admitted to the facility on July 26, 2007, with diagnoses including Transient Cerebral Ischemic Attack, Dysphagia, Depression Psychosis, Neuropathy, Hypotension, Mood Disorder, Peptic Ulcer, Parkinson's Disease, Morbid Obesity, Chronic Renal Disease, Gout, and Anxiety.<br><br>Review of the November 16, 2013, Quarterly Minimum Data Set (MDS) revealed the resident was on a physician prescribed weight loss regimen.<br><br>Medical record review of the November 2013 to March 2014, Recapitulation Orders and phone orders revealed no orders for a weight loss regimen.<br><br>Interview with MDS Coordinator #1 on March 19, 2014, at 2:33 p.m., in the conference room, confirmed the resident did not have an order for the weight loss regimen and the November 16, 2013, MDS was not accurate. | F 278   | 1) Resident #3's MDS assessment for 11/16/2013 was corrected on 04/01/2014. This error was a coding error and thus no order for weight loss was indicated.<br><br>2) Random other residents' MDS for weight loss was checked with no other errors found. These were randomly checked by the MDS/Care Plan team.<br><br>3) MDS nursing staff was in-serviced by the Chief Nursing Officer on 04/01/2014 to ensure accuracy of assessment for weight loss coding.<br><br>4) The MDS coordinator will monitor assessments for weight loss for appropriate coding and orders ongoing. Any errors will be addressed with the MDS/Care Plan team by the MDS coordinator ongoing. | 04/01/2014                 |   |
| F 279<br>SS=D  | 483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS<br><br>A facility must use the results of the assessment  | F 279   |  |                            |   |

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| F 279  | <p>Continued From page 2</p> <p>to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on medical record review and interview, the facility failed to develop a care plan to address end of life issues for two (#177, #192), and to address hospice care for one (#55) of forty-three residents reviewed.</p> <p>The findings included:</p> <p>Resident #177 was admitted to the facility on October 23, 2013, and expired on November 1, 2013, with diagnoses including Anxiety, Gastrointestinal Bleed, Hypertension, Chronic Respiratory Failure, Dysphagia (difficulty swallowing), Respirator Dependent, and Amotrophic Lateral Sclerosis.</p> | F 279   | <p>1) Residents #177 and #192 have been discharged from the facility. Resident #55 and all care plans for hospice/end of life services have been updated to reflect these issues and interventions.</p> <p>2) In-service was provided by the Chief Nursing Officer on 04/01/2014 regarding hospice/end of life care to the MDS/Care Plan team. Through review of all care plans/end of life issues the care plan team noted no residents were affected by this practice.</p> <p>3) Going forward, the care plan team will make these issues as a separate entry on the care plan.</p> <p>4) The MDS/Care Plan coordinators will monitor care plan processes to ensure all hospice/end of life issues are appropriately addressed in the comprehensive care plans ongoing.</p> | 04/08/2014                 |   |

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| F 279  | <p>Continued From page 3</p> <p>Medical record review of the care plan written on October 23, 2013, revealed end-of-life was not addressed.</p> <p>Resident #192 was admitted to the facility on January 20, 2014, and expired on February 10, 2014, with diagnoses including Anxiety, Dementia, Depression, Osteoporosis, Benign Prostatic Hypertrophy, and Atherosclerotic Cardiovascular Disease.</p> <p>Medical record review of the care plan dated January 20, 2014, revealed end-of-life was not addressed.</p> <p>Resident #55 was initially admitted to the facility on December 17, 2010, and readmitted on June 8, 2011, with diagnoses including Congestive Heart Failure, Hypertension, Atherosclerotic Cardiovascular Disease, Diverticulosis, Dementia, and Failure to Thrive.</p> <p>Medical record review of physician's orders dated October 22, 2013, revealed an order for hospice services.</p> <p>Medical record review of notes from hospice services revealed the resident began receiving hospice services on October 26, 2013.</p> <p>Medical record review of the care plan revised on January 24, 2014, revealed hospice care was not addressed.</p> <p>Interview with the unit nurse on March 19, 2014, at 1:40 p.m., in the conference room, confirmed the care plan for residents #177 and #192 did not address end-of-life issues, and the care plan for resident #55 did not address hospice care.</p> | F 279   |  |                            |   |

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| F 364<br>SS=E  | <p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP</p> <p>Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on review of the resident council minutes, interview, observation of the tray-line and test tray temperatures, and review of the tray cart delivery log, the facility failed to maintain palatable hot and cold food temperatures.</p> <p>The findings included:</p> <p>Review of the Resident Council Minutes revealed on September 30, 2013, "...complained of cold meals...food served in dining room is not always hot at lunch and supper..."; and two other residents "...complained that all three meals are served cold...(resident) told to go to dining room because food would be hotter in there..."; and on January 27, 2014, "...cream of wheat is runny and cold at breakfast..."</p> <p>Interview with resident #183 on March 17, 2014, at 2:20 p.m., in the resident's room, revealed, "...food is cold..." In response to the question if the food was served at the proper temperature.</p> <p>Interview with resident #26 on March 17, 2014, at 2:40 p.m., in the resident's room, revealed, "...food pretty cool sometimes..." in response to the question if the food was served at the proper temperature.</p> | F 364  | <p>1) The facility nursing staff and dietary staff have revised all meal times facility wide to accommodate meal delivery. (See attached Exhibit A.) Nursing staffing has been adjusted to ensure timely delivery of meals for proper food temperatures. All nursing staff has been in-serviced on proper meal delivery by the ADON.</p> <p>2) Through in-service provided by the Administrator and Registered Dietician on 04/01/2014 to all nursing managers and unit managers, no residents were affected by the deficient practice.</p> <p>3) The nursing administration staff and dietary managers will do weekly meal observations and test trays to ensure proper food temperatures ongoing.</p> <p>4) Any issues identified by the nursing unit managers and dietary managers during meal observations will be reported to the Administrator and addressed in CQI quarterly.</p> | 04/21/2014           |  |

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| F 364  | <p>Continued From page 5</p> <p>Interview with resident #141 on March 17, 2014, at 2:44 p.m., in the resident's room, revealed, "...sometimes (the food) not hot enough..." in response to the question if the food was served at the proper temperature.</p> <p>Observation of the resident morning meal tray line, for the second cart on the 200 hall, on March 18, 2014, at 7:17 a.m., in the dietary department, revealed the Assistant Dietary Manager obtained the following temperatures: Scrambled eggs were 165 degrees Fahrenheit (F); Sausage patties were 160 degrees F; Ground sausage was 170 degrees F; Pureed eggs were 175 degrees F; Pureed sausage was 170 degrees F; Hot cereal was 165 degrees F; and the Milk was 30 degrees F.</p> <p>Further observation revealed the second cart for the 200 hall was completed and delivered to the 200 hall at 7:24 a.m. Further observation of the second cart revealed the first resident tray was delivered at 7:31 a.m. and the last resident tray was delivered, with the resident eating, at 7:52 a.m.</p> <p>Observation on March 18, 2014, at 7:52 a.m., revealed the Assistant Dietary Manager obtained the following temperatures of the test tray on the second cart delivered to the 200 hall: Scrambled eggs were 100 degrees F (a loss of 65 degrees); Sausage patty was 98 degrees F (a loss of 62 degrees); Pureed eggs were 100 degrees F (a loss of 75 degrees); Pureed sausage was 90 degrees (a loss of 80 degrees); Hot cereal was 98 degrees F (a loss of 67 degrees); and the Milk was 50 degrees F (an increase of 30 degrees).</p> | F 364   |  |                            |   |

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| F 364  | Continued From page 6<br><br>Further observation revealed the first cart for 200 hall was in process of tray distribution with several trays in the cart at the time the second cart was delivered at 7:24 a.m. Further observation of the first cart delivered to the 200 hall revealed the last tray was delivered to the resident at 7:56 a.m.<br><br>Review of the tray cart delivery log, signed by the 200 hall nurse, revealed the first cart on the 200 hall was delivered at 7:17 a.m. Further review revealed it took 39 minutes to deliver the trays to the residents from the first cart.<br><br>Observation and interview with resident #108 on March 18, 2014, at 8:56 a.m., in the resident's room on the 200 hall, revealed the resident eating the breakfast meal and stated preferred cold foods for meals, such as cottage cheese, yogurt, gelatin, and fruits. Further interview revealed, "...at breakfast sometimes the cottage cheese and yogurt were warmer than should be..." | F 364   |  |                            |   |
| F 371<br>SS=F  | 483.35(i) FOOD PROCURE,<br>STORE/PREPARE/SERVE - SANITARY<br><br>The facility must -<br>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and<br>(2) Store, prepare, distribute and serve food under sanitary conditions<br><br>This REQUIREMENT is not met as evidenced by:   | F 371   |  |                            |   |

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| F 371  | <p>Continued From page 7</p> <p>Based on observation, interview, and review of the warewash service report, the facility dietary department failed to ensure the dish machine was sanitizing the dishes.</p> <p>The findings included:</p> <p>Observation and interview with the Dietary Manager on March 17, 2014, at 1:50 p.m., in the dish machine room, revealed the dish machine was in operation. Further observation revealed the dietary staff member working the clean side of the dish machine obtained the sanitizer test strips to obtain the sanitizer level. Further observation and interview confirmed the test strips did not change color. Further observation revealed the test strips were for a Quaternary product. Further observation revealed there were no posted instructions or manufacturer's recommendations addressing the sanitizer level.</p> <p>Observation and interview on March 18, 2014, at 7:17 a.m., in the dietary department, with the chemical company representative, and with the Dietary Manager present, revealed the facility dish machine used a chlorine product and they did not have the correct sanitizer test strips. Further interview revealed the dish machine sanitizer level was set for 100 parts per million. Further interview confirmed the chemical company was responsible to provide the correct test strips. Further interview with the Dietary Manager confirmed the dietary department had been using the Quaternary test strips for the dish machine and they were the only test strips available.</p> <p>Review of the warewash service reports dated June 30, 2013, October 17, 2013, December 26,</p> | F 371   | <ol style="list-style-type: none"> <li>1) The proper test strips were obtained from the chemical/dish machine company on 03/18/2014.</li> <li>2) All dietary staff have been in-serviced on sanitizer levels and test strips by dietary managers. No residents were affected by the deficient practice.</li> <li>3) The manufacturer instructions for sanitizer levels have been posted.</li> <li>4) The dietary managers will monitor dish machine functions and chemicals weekly ongoing.</li> </ol> | 03/20/2014                 |   |



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| F 371  | Continued From page 8<br>2013, January 27, 2014, February 25, 2014, and March 18, 2014, revealed the sanitizer level was 100 parts per million.  | F 371  |   |                      |  |
| F 456<br>SS=D  | 483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION<br><br>The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and interview, the facility dietary department failed to maintain the dish machine in a safe operating condition.<br><br>The findings included:<br><br>Observation and interview with the Dietary Manager, on March 17, 2014, at 1:50 p.m., in the dish machine room, revealed the dish machine was in operation. Further observation and interview confirmed the temperature gauge on the dish machine was filled with water and the temperatures could not be determined. Further interview revealed the temperature gauge had water in it "...for about three weeks..."<br><br>Observation on March 19, 2014, at 1:29 p.m., revealed the dish machine temperature gauge was replaced and operating properly. | F 456  | 1) The dish machine temperature gauge was replaced on 03/18/2014 by the chemical company.<br><br>2) No residents were affected by the deficient practice.<br><br>3) Proper function and temperature of the dish machine will be monitored by the dietary managers weekly ongoing.<br><br>4) Any dish machine malfunctions will be reported to the chemical company immediately. | 03/20/2014           |  |